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SENSITIVE
SIPDIS
DEPARTMENT FOR SCA/CEN

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SUBJECT: Uzbekistan: Suspected Case of Anthrax Puts USG-Funded
Biological Threat Capabilities to Use

REF: STATE

¶1. (SBU) Summary: In the month of August, media in Uzbekistan reported a suspected case of Anthrax in the Toytepi region near Tashkent, Uzbekistan. The man suspected with Anthrax was believed to have been exposed during the slaughtering of his cows. The Biological Threat Reduction Program laboratories and personnel funded by the United States Government were reportedly used for the analyses of Anthrax. The Ministry of Health later reported the sample results from the lab as "negative" for anthrax and the cases were identified as "an infected ulcer." End summary.

Background

¶1. (U) The Biological Threat Reduction Program (BTRP) currently being implemented by the Defense Threat Reduction Agency (DTRA) is a United States Government (USG) funded project to assist in the enhancement of a Threat Agent Detection and Response (TADR) system in Uzbekistan.

¶2. (U) The BTRP currently has constructed and trained eight (8) out of the twelve (12) planned Regional Diagnostic Laboratories (RDLs) throughout Uzbekistan. The RDLs are equipped with the means necessary to detect and respond to Especially Dangerous Pathogens (EDPs). In the near future, DTRA will construct a limited capacity Biological Safety Level Three (BSL-3) Laboratory and thirty-five (35) Epidemiological Support Units (ESUs) to further enhance the TADR system.

The Suspected Case

¶3. (SBU) In the Toytepi region, an Uzbekistan citizen became sick after slaughtering his cattle to sell the meat at a local market. After three to four days, lesions appeared on the man's arms and he immediately began treating the lesions with vinegar. The lesions continued to appear and grow and he began to incur other symptoms such as fever and acute abdominal pain. His wife, a local nurse, began intravenous injections after diagnosing him with Acute Respiratory Viral Infection (ARVI). The man stayed at home for another three days, without seeing a doctor, before his son brought

him to the Republican Center of Emergency Aid in Tashkent. He was then diagnosed as having Hepatomegalia and fever by a Biological Threat Reduction Program (BTRP)- trained Chief Infectious Disease Doctor of the Tashkent Oblast, Dr. Saidalieva. The case was reported to the Ministry of Health by Dr. Saidalieva.

14. (SBU) The patient was hospitalized in the Isolation ward and was examined further by the following BTRP-trained specialists: Dr. Mamatkulov (Republican Epidemiologist for the MOH), Dr. Azimov (Director of the Research Institute of Epidemiology, Microbiology, and Infectious Diseases (REIMID)), Dr. Musabaev (Director of the Tashkent Institute of Virology (IoV)). The patient was then diagnosed with septic anthrax and samples were sent for analysis to the BTRP Regional Diagnostic Laboratory (RDL) at the Republican Center for State Sanitary and Epidemiological Surveillance (RSES). The patient died six hours after arriving at the hospital.

15. (SBU) The team then notified the Anti-epidemic committee of a suspect case of Anthrax and an investigation commenced of the area where the patient's home was located. The investigation revealed twelve patients with symptoms for the cutaneous form of Anthrax and all samples taken were sent to the RSES for analysis. One of the patients who had cutaneous vesications revealed that he had recently traveled to the Kashkadaryo region before falling ill,

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however no other information was given on the investigation. It was reported that all patients were treated and cured in the Toytepi District Infectious Disease Hospital (IDH).

16. (SBU) All samples drawn were analyzed at the RSES and the Center for Prophylaxis and Quarantine of Most Hazardous Infections (CPQMHI), also a BTRP facility. The MOH publically reported that all samples were "negative" for Anthrax and all cases were "an infected ulcer."

Comment

17. (SBU) Recent reports to the DTRA from the Infections Disease Hospital Directors and Regional Diagnostics Laboratory Directors have revealed the use of the fully functional RDLs for response to Especially Dangerous Pathogens in the regions of Samarqand and Tashkent. During a recent site visit to the Samarqand Oblast Center for Sanitary and Epidemiological Surveillance, the director informed the DTRA Chief, Ms. Brie Tinsley, of the recent suspected cases reported in and around Samarqand. He informed her that his RDL was being used for the detection of these three cases in the different regions, however he requested that this information not be shared.

18. (SBU) DTRA has been requested by three RDLs, two in Tashkent and one in Samarqand, to provide additional Anthrax kits used in the Polymerase Chain Reaction (PCR) equipment installed and trained by the USG for detection of EDPs.

19. (SBU) The BTRP Electronic Integrated Disease Surveillance System (EIDSS) used for mass reporting via the internet, has been installed at all RDLs established by the USG, however EIDSS has not yet been accepted by the MOH or the Ministry of Agriculture and Water Resources (MAWR) as their reporting system. Reporting of infectious diseases is still considered very sensitive with possible repercussions for the reporting activity. If there is an

EDP reported in an oblast, the Hakim (mayor) might be blamed for the outbreak and said to have not been doing his job properly. As a result of this pattern of controlling diagnostic information, infectious diseases are often covered up by misdiagnosis, as was the case in Tashkent. In reality, however, this USG-provided capability is being used to identify and isolate potential biological hazards, even if Uzbek authorities are reluctant to publicly admit that such episodes occur.

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